

NC DIVISION MH/DD/SAS 08-09 DWI MONITORING TOOL -1

Areas that are not met are documented on the Review Summary and Exit Form. Forms are signed by the Provider indicating an awareness of areas that may require training or request for additional documentation as required by Office of DWI Services.

PROVIDER NAME/CITY/COUNTY: COSTRAN - RALEIGH - WAKE	FACILITY CODE:	0
CONSUMER NAME:	CONTROL #:	2
ASSESSMENT DATE:	CLIENT RECORD # :	
QUESTION RATING CODES 0= NOT MET 1= MET 9= NOT APPLICABLE		
SECTION I. AUTHORIZATION/CREDENTIALING/APPROVAL STATUS:		RATING
1. Level 1 (ADETS) Level 2 (ST-O) Level 3 (LT-O) Level 4 (IOP) Level 5 (I-Residential)		1.
2. Provider's facility code is site specific and matches code assigned to this location by Office of DWI Services. (10A NCAC 27G.3806).		2.
3. Authorization/Reauthorization fees were submitted to Justice Systems Innovation based upon Assessments completed during the prior fiscal year. Verification of fees paid is present. (added back)**		3.
4. Assessments for non-English speaking clients are conducted in accordance with 10A NCAC 27G.3816 and clinicians have registered their qualifications with Office of DWI Services 10A NCAC 27G .3809.		4.
CREDENTIALING/APPROVALS (Reviewer must see evidence of License, letter, email) (List staff name /credentials verified by NCSAPPB, i.e.,LCAS, CCS, CSAC, SAC Intern) a. _____ b. _____ c. _____ d. _____ e. _____		a. b. c. d. e.
5. Overall Rating: Staff is credentialed/qualified as outlined in law 122C.142.1 to perform DWI assessments. (As of 10/1/2005, assessments shall be completed by clinicians who are at a minimum, SAC Intern by NCSAPPB. After 10/1/2008 licensed or certified by NCSAPPB).		5.
SECTION II. ASSESSMENT/E508 SYSTEM/DWI CERTIFICATES OF COMPLETION:*		
6. There is evidence that the provider has access to the following resources at their facility.		
a. NC MH/DD/SAS Laws _____		a.
b. Code of Conduct for Facility _____		b.
c. Rules for MH/DD/SA Facilities and Services, APSM 30-1 _____		c.
d. Diagnostic and Statistical Manual IV-TR of the American Psychiatric Assoc. _____		d.
e. Amer. Society of Addiction Medicine's Pt. Placement Criteria (ASAM, PPC 2R) _____		e.
f. Confidentiality Rules, APSM 45-1 _____		f.
g. Service Records Manual, APSM 45-2 _____		g.
h. Client Rights Manual, APSM 95-2 _____		h.
i. Policies and Procedures of the Facility _____		i.
		6. Overall Rating

Areas that are not met are documented on the Review Summary and Exit Form. Forms are signed by the Provider indicating an awareness of areas that may require training or request for additional documentation as required by Office of DWI Services.

2008-09 DWI Monitoring Tool – 1 Page 2